



CHARLES D. BAKER
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Lieutenant Governor

The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
Division of Health Care Facility Licensure and
Certification

99 Chauncy Street, Boston, MA 02111

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

APPOINTMENT OF SUPPLEMENTAL PERSONNEL

(Please type or print legibly in ink)

Tel: 617-753-8000

www.mass.gov/dph

(The Nurse Aide Training Program, upon completion of this form, must send a signed copy along with supplemental personnel's resume to the address above, attention: Nurse Aide Registry.)

Supplemental Personnel –

To Be Filled Out And Signed By Candidate:

Name of Nurse Aide Training
Program _____

Name of Supplemental Personnel: _____

1. Are you a licensed or certified health care professional?

☐ Yes, license/cert. type and number: _____

☐ No

☐ Not applicable, please explain: _____

2. Do you have a minimum of one year experience in your field?

☐ Yes (attach resume)

☐ No (Department of Public Health will not approve individuals to function as supplemental personnel without a minimum of one year experience.)

3. Have you had an allegation of abuse, neglect or misappropriation under MGL Chapter 111, section 72F-72L (the Patient Abuse Law) found valid against you in any Massachusetts facility or program?

☐ No

☐ Yes (Please attach a statement which included the circumstances of the allegation, the facility, appropriate date of the allegation and the DPH case reference number if known.)

4. Have you had an allegation of Medicare or Medicaid fraud found valid against you?

☐ No

☐ Yes (Please attach a statement which included the circumstances of the allegation, the facility, appropriate date of the allegation and the DPH case reference number if known.)

5. PRIVATE BUSINESS SCHOOLS ONLY: I understand that all supplemental personnel must have prior approval from the DPL.

☐ Yes

☐ No (DPH is unable to approve a private business school's training program when nursing instructors do not have DPL approval.)

I certify and attest under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and accurate.

Signature

Date